

Pharmaceutical Services – Holly Center
DHMH-OPASS 14-13412

Vendor Questions Received Post Pre-Bid Conference – 8-1-13:

1. May I have a copy of the previous IFB, a copy of the awarded Contract and the Winning bid amount for the last contract awarded for the Holly Center pharmacy services?

Yes. The document is posted to eMM.

2. The IFB states in section 1.1.7 that 17,984 prescriptions were filled between July 2008 and December 31, 2012. Those prescriptions were adjudicated by Maryland Medicaid. What number of prescriptions were filled by Priority Partners or Private Insurances and, because Over-the-Counter (OTC) prescriptions are also treated as prescriptions but paid directly from the Holly Center, how many of those prescriptions were filled during the same time period? As a follow up, what was the average price for OTC prescriptions?

Five hundred and fifty two (552) items were billed to Holly Center this past month. Five hundred and thirty-four (534) Over the Counter (OTC) items and eighteen (18) prescription items. There is currently one resident without any insurance.

3. Section 3.3.2 states we cannot connect to the lan/wan without permission. Will the nurses have access to the internet and subsequently to a secured web site that connects them to the Pharmacy?

Yes.

4. The IFB states in section 1.1.7 that 17,984 prescriptions were filled between July 2008 and December 31, 2012 however the spreadsheets contain tablet/capsule figures for quantity dispensed; those numbers reflect what time frame?

Spreadsheets are based on the average annual usage.

5. If the pharmacy is a Maryland business can they dispense meds to the Holly Center from another location/state?

A vendor must meet the Bidder Minimum Qualifications (see Section 2 – page 19).

6. Does the winning bidder have to provide EMAR's or will paper POF and MAR's be acceptable?

POF and MARs are acceptable.

7. Is it required that the pharmacy information system from the pharmacy provide electronic medical records to the Holly Center or, that it can interface with Maryland State Information Systems to receive and transmit electronic medical records?

Holly Center does not use electronic medical records system.

8. Item 3.2.4.v is that 2 hours of in-service training total for the year or 2 hours of in-service training four times a year equaling 8 hours?

Two (2) hours of in-service training four times a year for a total of eight (8) hours.

9. Item 3.2.4.w can the PDR be provided electronically? Knowing the PDR is out of date the day of publishing, can a better Pharmaceutical reference be provided to the contract monitor and nurses?

No.

10. Co-pays for medications and over the counter (OTC) medications are billed to the Holly Center, is this correct?

If co-pay is required, Holly Center will be responsible.

11. What is the exact definition of Stat orders listed in section 3.2.5.a under Delivery of Urgent Medications?

The Stat medication must be delivered to the Center within 2 hours of notification by the center on a 24/7 basis.

12. How is section 3.2.5 Quality Level Indicators and Expectations going to be measured and benchmarked? Who generates the Data? How is it Authenticated? How is it going to be measured? and finally, how will that data be communicated to the Pharmacy?

Refer to page 22 and page 23: "Quality Level Indicators and Expectations." The data is generated by the Contractor electronically and reviewed in the Pharmacy Committee meeting. However, for psychoactive drug use statistics only, the center generates its own data through their Psychology Department Q.A. Reviewer. The pharmacy psychoactive statistics must be available at any time from the Contractor on request of the center.

The expectations are based on average national standards: less than 1% monthly error rate, per 3.2.4 u.: The Contractor's pharmacist or their designee will present the quality review report to the Center during the Pharmacy Committee meetings. This will include the Contractor's Quality Assessment Report, Average Medication Order Statistics, Pharmacist Recommendations Post Medication Station Inspections, Adverse Drug Reactions, In-services and Interim Box Status. In addition this report includes Seizure/Diastat Report, Dual Diagnosis Report.